FOR BOARD USE ONLY

Eff. Date



Field Representative

STRUCTURAL PEST CONTROL BOARD

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825

Telephone Numbers:

Administration Unit (916) 561-8700 Examination/Licensing/Record Storage (916) 561-8704 Complaint Unit (916) 561-8708 FAX (916) 263-2469

www.pestboard.ca.gov



Checked by

REQUEST FOR CHANGE OF ADDRESS

(To be filed by licensee)

(employed by registered company)

Active

	Operator	☐ Inactive		
		(not currently employed by registered company	License No.	
<u></u>	Applicator			
changes change o you are o DO NC	his/her address, the licens of address. If you are cul not currently employed by	of the California Code of Regulations, whose shall notify the Structural Pest Control rrently employed by a registered company a registered company, you must return you LICENSE TO THE BOARD.	Board within ten days. There y, do not send your license to	e is no fee for a
Name	e of Licensee		License Number(s)	
Resid	dence Address		Telephone Numbe Area Code ()	r
City		State Z	ip Code	
Signa	ature of Licensee		Date	
Please indicate which address you wish to use for mailing purposes.				
R	Residence	Business		
Curre	ent Employer (if applicable))		
Princi	ipal Office Address			
City		State	e Zip) Code
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